
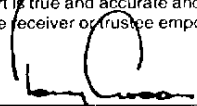


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company GLASS MASTER GROUP, LLC 10 SOUTH WACKER DRIVE CHICAGO IL 60606		DOCUMENT # M98000001223	
2. Principal Place of Business 805 East River Place Suite, Apt. #, etc. 201 City & State Jackson MS Zip 39202 Country U.S.		3a. State of Formation DE	
2a. Mailing Address 805 East River Place Suite, Apt. #, etc. 201 City & State Jackson MS Zip 39202 Country U.S.		3. Date Organized or Qualified 10/20/1998	
		4. FEI Number 36 425 3800 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report N/A	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 500002841165 Suite, Apt. #, etc -04/15/99-01118-011 ***188.75 ***188.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when reappointing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GLASS MASTER HOLDING,	10 SOUTH WACKER DRIVE	CHICAGO IL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE:  Tony Anderson 3299 601-354-1926			